U.S\_Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- OA	· · · · · · · · · · · · · · · · · · ·	
1. File Number U - 5724	2. Fiscal Year Covered From:	
	7 / 7 / 05 Through: 72 / 37 / 05	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Craig Di Bays Fon	Name Chicago Regional Council of Ca-protes	
	Labor Organization File Number 601-944	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1124 Sumyrtle Ave	Street 12,6.Eriest	
City Kankakes	City Chicago	
State <b>IL</b> ZIP Code + 4 <b>60901</b>	State <i>TL</i> ZIP Code + 4 <i>(606)</i> /	
5. Position in labor organization. Business Representative/ocpanize		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization of the control	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
monetary value from an employer whose employees your organization of the content	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information	

Date

Telephone Number

5. i

Name of Person Filing Craig Bayston		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Moncoe  City Chicago  State FL ZIP Code ÷ 4 GOCaO3	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	łion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Carpentres Loren 1996 Prosion Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 187 S. Schayler  City Kankakee  State Tu ZIP Code + 4 60901	11.b. Approximate dollar valu 12.a. Nature of interest held Business p	e of such dealing.  d or income received.	
	12.b. Amount.	<b>75</b>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City State ZiP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	The state of the s	

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept from January 1, 2005 to August 15, 2005, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30 Report.

Signature

Date